FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ORIGINAL

FORM D

OMB APPROVAL

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hours per response 16.00

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
INTEROPTAL INTERPOPERATION DEPOPERATION

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UNIFORM LIMITED OFFERING EXE	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Convertible Preferred Stock and the underlying Common Stock into which it may	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: New Filing Amendment	4(6) ULOE Section
A. BASIC IDENTIFICATION DATA	JUL Z B ZUUU
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Hyper9, Inc.	Weshington, UC 101
Address of Executive Offices (Number and Street, City, State, Zip Cod 9015 Mountain Ridge Rd., Suite 140, Austin, TX 78759	Telephone Number (Including Area Code) (512) 346-5400
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)	e) Tel
Brief Description of Business Computer programming services	
Type of Business Organization Corporation	er (please s; 08057001
Actual or Estimated Date of Incorporation or Organization: Month Year	Estimated state:
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation 77d(6).	D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offe and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address give which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be man photocopies of the manually signed copy or bear typed or printed signatures.	nually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only represent the information requested in Part C. and any material changes from the information previously seems.	

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SEC 1972 (5-05)

Filing Fee: There is no federal filing fee.

not be filed with the SEC.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Silverton Partners III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Rio Grande Avenue, Austin, TX, 78701, Attn: William P. Wood Promoter Beneficial Owner Executive Officer ☐ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Matrix Partners Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Winter Street, Suite 4500, Waltham, MA, 02451, Attn: Stan Reiss Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Maples Investments II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 2240 Sand Hill Road, Suite 100, Menlo Park, CA, 94025, Attn: Michael James Maples, Jr. Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Wood, William P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Silverton Partners III, L.P., 1000 Rio Grande Avenue, Austin, TX, 78701 Beneficial Owner Executive Officer □ Director Check Box(es) that Apply: □ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Reiss, Stan Business or Residence Address (Number and Street, City, State, Zip Code) c/o Matrix Partners, 1000 Winter Street, Suite 4500, Waltham, MA, 02451 ⊠ Beneficial Owner □ Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Ferose, Terrence Business or Residence Address (Number and Street, City, State, Zip Code) 1916 Wood Glen Drive, Round Rock, TX, 78659 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McCrory, Dave Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hyper9, Inc., 9015 Mountain Ridge Rd., Suite 140, Austin, TX 78759

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Kellar, John Business or Residence Address (Number and Street, City, State, Zip Code) 555 South IH-35, Lot 3, City Center, Round Rock, TX, 78664 ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Rouse, Benjamin Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hyper9, Inc., 9015 Mountain Ridge Rd., Suite 140, Austin, TX 78759 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Ostertag, Chris Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hyper9, Inc., 9015 Mountain Ridge Rd., Suite 140, Austin, TX 78759 □ Director ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Turner, Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o Hyper9, Inc., 9015 Mountain Ridge Rd., Suite 140, Austin, TX 78759 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Maples, Jr., Michael James Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Investments II, L.P., 2240 Sand Hill Road, Suite 100, Menlo Park, CA, 94025 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
						·						Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors this offering?								. 🗆	\boxtimes			
	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?												
2.	What is	s the minim	um investm	ent that will	be accepte	d from any	individual?		***************************************			\$ n/a Yes	
3.	Does th	ne offering	permit joint	ownership o	of a single i	nit?						5	
4.	Enter t	he informa	tion request	ed for each	person wh	no has beer	or will be	paid or giv	ven, directl	y or indirec	tly, any	· -	
	lf a per	son to be li	nilar remune sted is an as	sociated per	rson or ager	nt of a broke	er or dealer	registered w	vith the SEC	and/or wit	h a state		
			ame of the l you may se						are associa	ted persons	of such		
Full			first, if indiv			10. 4.4. 5.0	ite. or again	cy.					
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Bus	iness or	Kesidence	Address (Nu	imber and S	street, City,	State, Zip (lode)						
Nan	ne of As	sociated Br	oker or Dea	ler									
Stat	es in Wh	nich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers			<u> </u>			
	(Che	ck "All Sta	ites" or chec	k individual	States)						,	🗆 A	All States
	AL	AK	ΑZ	AR	CA	co	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	L.A	ME	MD	MA	MI	MN	MS	мо
	мт	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
	RI	sc\	SD	TN	TX	[ড়া	VT]	VA	WA	wv	WI	WY Yw	PR
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Full	Name (Last name	first, if indiv	/idual)									
Bus	iness or	Residence	Address (N	imber and S	Street, City,	State, Zip (Code)						
Nan	ne of As	sociated Br	oker or Dea	ler								,	
Stat	es in Wl	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers			· · · · · · · · · · · · · · · · · · ·	_		
	(Che	eck "All Sta	ites" or chec	k individua	States)				· · · · · · · · · · · · · · · · · · ·			🗖 A	All States
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	MT	NE	NV	NH	ĹИ	NM	NY	NC	ND	ОН	ОК	OR	PA
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			first, if indiv										
Bus	iness or	Residence	Address (No	umber and S	Street, City,	State, Zip	Code)						
Nar	ne of As	sociated B	roker or Dea	ller			_						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
	(Che			k individua AR		СО	СТ	DF	<u>DC</u>	FL	,,,,,,,,	···· ப А	All States
		AK	AZ	=	CA EV		=	DE	DC		GA NOV	_	드
		IN	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	ГиJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	[TN]	[TX]	[UT]	VT	VA	WA	wv]	[wɪ[[wy]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and			
	Type of Security	Aggregate Offering Price	,	Amount Already Sold
	Debt\$	0.00	\$	0.00
	Equity\$			
	☐ Common ☑ Preferred			
	Convertible Securities (including warrants)	0.00	S	0.00
	Partnership Interests\$	•	•	
	Other (Specify)		•	
	Total		-	
	Answer also in Appendix, Column 3, if filing under ULOE.		. •	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	1	. \$	499,999.24
	Non-accredited Investors	0	. \$	0.00
	Total (for filings under Rule 504 only)	n/a	. 5	n/a
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		5	S
	Regulation A		5	S
	Rule 504		\$	S
	Total		5	s <u></u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		s	0.00
	Printing and Engraving Costs		\$	0.00
	Legal Fees		, s	
	Accounting Fees		\$	
	Engineering Fees] \$	0.00
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		,	
	Total		. \$	

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	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEE	DS			·····
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross			S	1,487,49	99.62
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total o proceeds to the issuer set forth in response to Part (y purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross			_		
			-	,		Payment Others	
	Salaries and fees		⊐ \$	0.00		s	0.00
	Purchase of real estate		□s_	0.00		s	0.00
	Purchase, rental or leasing and installation of mach		□ s	0.00		\$	0.00
	Construction or leasing of plant buildings and faci	lities	□ s	0.00		s	0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset	ts or securities of another	٦.	0.00			0.00
	issuer pursuant to a merger)						0.00 0.00
	Working capital	_			_	\$_1,487	
	Other (specify):			0.00			0.00
		[□ s	0.00		s	0.00
	Column Totals			0.00	\boxtimes	s <u>1,487</u>	499.62
	Total Payments Listed (column totals added)			☒ _		1 <u>,</u> 487,	199.62
		D. FEDERAL SIGNATURE					
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accre	nish to the U.S. Securities and Exchange Commiss	sion, upo				
	uer (Print or Type) per9, Inc.	~// -// -	Date July <u>a</u> /	, 2008			
	me of Signer (Print or Type) ris Ostertag	Title of Signer (Print or Type) President and Chief Executive Officer					

- ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 J.S.C. 1001.)